

# OTRENDS

Volume 11, Issue 2

Summer 2000



## Inside this issue...

### The Senior Experience: Part I

*Prescription Drugs Analysis*

**1**

*Top Disease Categories  
Affecting Seniors*

**5**

### Childhood Hospitalizations

*Entity Enrollment Trends*

**6**

### Active Group Enrollment

*Entity Enrollment Trends*

**8**

### Past Trends

**10**

## Did You Know...

You can access TRENDS and other OIS publications on the web at:

[www.ois.state.sc.us](http://www.ois.state.sc.us)

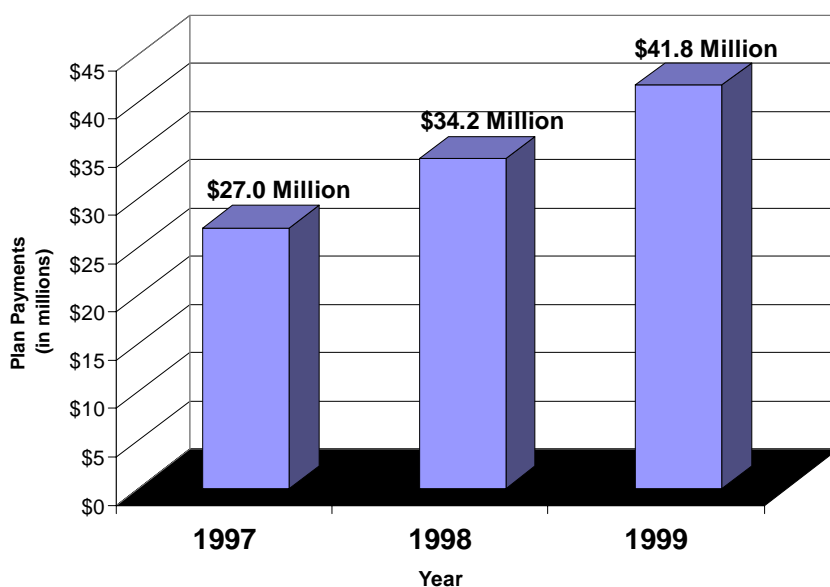
## The Senior Experience: *Senior Rx Drugs in the State Health Plan*

Prescription drug costs are a leading area of concern for all insureds but in particular those insureds age 65 and above. For the purpose of this analysis, we will refer to this group of insureds age 65 and above as "seniors". Of the average 41,831 seniors insured by the State Health Plan (SHP) in 1999, 82.9 percent filled at least one prescription. Many of these seniors find themselves taking

more than one medication daily. And, as prescription drug prices continue to rise, the impact of prices on their wallets and the Plan's bottom line rises as well. In 1999, senior drug payments totaled \$41.8 million, a 22.3 percent increase from 1998. The average cost per senior user rose 16.2 percent to \$1,206.31 in 1999.

See SENIOR DRUGS on Page 2

### Senior SHP Insured Drug Trends: 1997 to 1999 Ages 65 and Above



## Senior Drugs

Continued from Page 1

Drugs by seniors, up 8.9 percent from 1998, at a cost of \$6.7 million. *Cardiac Drugs* ac-

are agents that increase the secretion of urine. While ranking second in terms of prescrip-

A total of 1.1 million prescriptions were filled for seniors in 1999, up 10.2 percent from 1998. Senior prescription users filled an average 31.7 prescriptions each, up 4.6 percent from the 30.3

prescriptions per user average in 1998. The average cost per prescription for senior prescription users rose 11 percent from \$34.32 in 1998 to \$38.11 in 1999.

### Therapeutics

Many senior insureds take a variety of prescription drugs. These drugs were grouped by therapeutic categories defined by their usage. The most frequently filled and highest costing therapeutic category sited in 1999 was *Cardiac Drugs*. A total of 186,611 prescriptions were filled for *Cardiac*

counted for 17 percent of senior drug prescriptions and 16 percent of senior drug payments in 1999. A total of 17,502 seniors filled an average of 10.7 prescriptions each for *Cardiac Drugs*. The average cost per prescription for *Cardiac Drugs* was \$35.95.

The second most frequently filled category of prescription drugs for seniors was *Diuretics*. Drugs categorized as *Diuretics*

tions filled for seniors with 60,354, actual senior payments for *Diuretics* ranked 16<sup>th</sup> with \$0.7 million (only 1.6 percent of senior drug payments). A total of 10,514 seniors used *Diuretics* in 1999 at an average cost per prescription of \$11.08. The average number of prescriptions filled per senior user was 5.7 in 1999.

See SENIOR DRUGS on Page 3

### 1999 SHP Prescription Drug Top 10 Therapeutic Categories for Senior Insureds by Prescriptions Filled

Rx Ranking	Therapeutic Class Description	Total Rxs	% Change from 1998	Plan Payments
1	Cardiac Drugs	186,611	8.9%	\$6,709,361
2	Diuretics	60,354	6.4%	\$668,955
3	Antilipemic Agents	58,292	22.6%	\$3,967,183
4	Miscellaneous GI Drugs	50,131	4.5%	\$4,051,359
5	Hypotensive Agents	48,943	7.0%	\$1,780,356
6	Nonsteroidal Anti-Inflammatory Agents	46,018	34.6%	\$2,516,485
7	Antidepressants	42,719	10.4%	\$1,877,398
8	Estrogens	40,610	12.1%	\$1,081,122
9	Opiate Agonists	39,336	3.8%	\$958,877
10	Benzodiazepines	35,842	-3.3%	\$826,360
Total Seniors Top 10		608,856		\$24,437,454
Seniors Grand Total		1,097,013	10.2%	\$41,810,667

### 1999 SHP Prescription Drug Top 10 Therapeutic Categories for Senior Insureds by Plan Payments

Rx Ranking	Therapeutic Class Description	Plan Payments	% Change from 1998	Total Rx
1	Cardiac Drugs	\$6,709,361	14.9%	186,611
2	Miscellaneous GI Drugs	\$4,051,359	12.4%	50,131
3	Antilipemic Agents	\$3,967,183	28.6%	58,292
4	Nonsteroidal Anti-Inflammatory Agents	\$2,516,485	67.0%	46,018
5	Unclassified Therapeutic Agents	\$2,122,382	55.2%	34,349
6	Antidepressants	\$1,877,398	22.5%	42,719
7	Hypotensive Agents	\$1,780,356	14.2%	48,943
8	Estrogens	\$1,081,122	21.1%	40,610
9	Miscellaneous Antidiabetic Agents	\$1,010,221	47.4%	16,944
10	Antihistamine Drugs	\$977,483	26.4%	22,940
Total Seniors Top 10		\$26,093,349		547,557
Seniors Grand Total		\$41,810,667	22.4%	1,097,013

## Senior Drugs

Continued from Page 2

*Antilipemic Agents* ranked third in prescriptions filled for a therapeutic category among seniors with 58,292 prescriptions filled in 1999. The category also ranked third in senior drug payments with \$4.0

million (9.5 percent of senior drug payments). A total of 8,135 senior users filled an average of 7 prescriptions each for *Antilipemic Agents* at an average cost of \$68.06 each. *Antilipemic Agents* are used to prevent or counteract the accumulation of fatty substances in the blood.

*Miscellaneous GI Drugs* ranked fourth in senior prescriptions filled but second in payments. These are drugs used to treat gastrointestinal problems. In 1999, \$4.05 million was paid for *Miscellaneous GI Drugs* at an average

cost per senior user of \$497.04. The 8,151 senior users had an average cost of \$80.82 per prescription filled. In all, 50,131 *Miscellaneous GI Drug* pre-

gen production, ranked first in 1999. A total of 23,719 prescriptions were filled by seniors for Premarin at a total cost of \$0.6 million. The 4,726 senior users

### 1999 Senior SHP Insured Top 10 Prescription Drugs By Prescriptions Filled

Drug Name	Therapeutic Class Description	Total Rx	Rx Users	Plan Payments
Premarin	Estrogen	23,719	4,726	\$638,965
Lipitor	Antilipemic Agents	22,023	3,312	\$1,473,323
Norvasc	Cardiac Drugs	21,492	3,088	\$1,046,304
Synthroid	Thyroid Hormones	20,736	3,451	\$309,161
Furosemide	Thiazide & Related Diuretics	19,153	3,921	\$129,881
Lanoxin	Cardiac Drugs	18,897	3,097	\$165,997
Celebrex	Nonsteroidal Anti-Inflammatory Agents	16,459	4,450	\$1,139,934
Prilosec	Miscellaneous GI Drugs	15,222	2,914	\$1,680,247
Propoxyphene Napsylatepropoxyphene	Opiate Agonists	13,039	4,492	\$168,609
Zocor	Antilipemic Agents	12,722	1,935	\$1,112,326
Top 10 Senior Drugs		183,462		\$7,864,748
Seniors Grand Total		1,097,013		\$41,810,667

scriptions were filled by seniors in 1999.

### Most Prescribed Drugs

Prescriptions filled for SHP seniors were reviewed to identify the drugs with the most prescriptions filled in 1999. Prescriptions for the drug Premarin, used to treat menopausal symptoms and as a therapy for women with inadequate estro-

gen production, ranked first in 1999. A total of 23,719 prescriptions were filled by seniors for Premarin at a total cost of \$0.6 million. The 4,726 senior users

of Premarin filled an average of 5 prescriptions each for the drug at an average cost of \$26.94 per prescription. Lipitor, a lipid/cholesterol lowering agent, ranked second among seniors in terms of prescriptions filled with 22,023 in 1999. Lipitor's costs among senior SHP users totaled \$1.5

See SENIOR DRUGS on Page 4

### 1999 Senior SHP Insured Top 10 Prescription Drugs By Plan Payments

Drug Name	Therapeutic Class Description	Total RX	Rx Users	Plan Payments
Prilosec	Miscellaneous GI Drugs	15,222	2,914	\$1,680,247
Lipitor	Antilipemic Agents	22,023	3,312	\$1,473,323
Celebrex	Nonsteroidal Anti-Inflammatory Agents	16,459	4,450	\$1,139,934
Zocor	Antilipemic Agents	12,722	1,935	\$1,112,326
Norvasc	Cardiac Drugs	21,492	3,088	\$1,046,304
Prevacid	Miscellaneous GI Drugs	9,847	2,060	\$986,550
Pravachol	Antilipemic Agents	9,706	1,500	\$720,495
Fosamax	Unclassified Therapeutic Agents	11,797	1,903	\$705,529
Premarin	Estrogens	23,719	4,726	\$638,965
Glucophage	Miscellaneous Antidiabetic Agents	12,375	1,770	\$582,803
Top 10 Senior Drugs		155,362		\$10,086,476
Seniors Grand Total		1,097,013		\$41,810,667

## Senior Drugs

Continued from Page 3

million and averaged \$66.90 per prescription. A total of 3,312 seniors filled prescriptions for the drug in 1999. These senior users filled an average of 6.6 Lipitor prescriptions each.

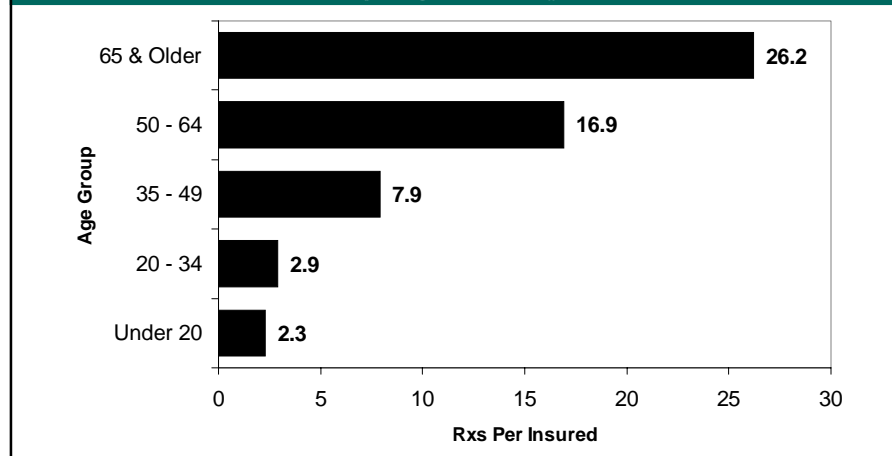
Norvasc, a calcium channel blocker used in the treatment of hypertension, chronic stable angina, and vasoplastic angina, was the third most prescribed drug among seniors in 1999 with 21,492 prescriptions at a cost of \$1.0 million. On average, the 3,088 senior users of Norvasc filled 7 prescriptions each for the drug in 1999 at an average cost of \$48.68 per prescription.

### Age Group Comparisons

Both drug prescriptions and payments tended to increase with age. Insureds were grouped into five age groupings for this analysis: ages 0 - 19, ages 20 - 34, ages 35 - 49, ages 50 - 64, and ages 65 and above (seniors).

Insureds ages 50 - 64 led in both prescriptions filled and drug payments. While 21.3 percent of 1999 SHP insureds were ages 50 - 64, the age group accounted for 36.4 percent of all SHP prescriptions filled, or 1.2

## 1999 SHP Insureds Average Prescriptions Filled By Age Group



million prescriptions. Insureds ages 50 - 64 accounted for 36.9 percent of total SHP drug payments in 1999 with \$46.5 million in payments. The age grouping had an average number of prescriptions filled per insured of 16.9 with an average amount paid per user of \$646.83.

Senior SHP subscribers made up the second largest portion of SHP drug prescriptions and payments in 1999 yet only 12.4 percent of the Plan's insureds. Seniors made up 32.9 percent of prescriptions filled and 33.1 percent of payments. Seniors ranked first in terms of the average amount paid per insured with an average of \$999.51 per insured. The age group's insureds averaged 26.2

prescriptions filled each a year in 1999.

Insureds ages 35 - 49 ranked third in prescriptions filled and payments in 1999. Overall, insureds ages 35 - 49 made up 25.3 percent of SHP insured lives in 1999. The age group's insureds averaged 7.9 prescriptions per insured. In comparison, the senior average prescriptions per insured more than tripled that of insureds ages 35 - 49. The drug payment per insured average for insureds ages 35 - 49 was \$297.88, less than a third of the senior average.

See SENIOR DRUGS on Page 5

## 1999 Drug Experience Comparison by Age Grouping

Age Range	Rxs Filled		Insured Lives		Total Paid	%	Avg Amt Pd/Insured	Avg Amt Pd/RX
	# RXs	%	# Insureds	# RXs/Insured				
Under 20	198,929	6.0%	86,595	2.3	\$6,533,497	5.2%	\$75.45	\$32.84
20 - 34	149,660	4.5%	51,556	2.9	\$5,945,546	4.7%	\$115.32	\$39.73
35 - 49	674,293	20.2%	85,283	7.9	\$25,404,159	20.1%	\$297.88	\$37.68
50 - 64	1,215,365	36.4%	71,919	16.9	\$46,519,186	36.9%	\$646.83	\$38.28
65 & Older	1,097,013	32.9%	41,831	26.2	\$41,810,667	33.1%	\$999.51	\$38.11
<b>Grand Totals</b>	<b>3,335,260</b>	<b>100.0%</b>	<b>337,184</b>	<b>9.9</b>	<b>\$126,213,055</b>	<b>100.0%</b>	<b>\$374.32</b>	<b>\$37.84</b>

## The Senior Experience: Top Disease Categories Affecting SHP Seniors

While seniors face a variety of health concerns, we identified the diagnosed conditions affecting them in 1999. They were identified from the top primary diagnosis codes recorded on senior medical claims. These codes are grouped into major diagnostic categories (MDCs).

In 1999, *Symptoms, Signs and Ill-Defined Conditions* was the leading diagnostic category for senior insureds. A total of 30,952 insureds had claims classified in this group in 1999 for \$20.2 million in SHP allowable charges. In 1998, 25,603 seniors had claims in the category with SHP allowable charges of \$15.0 million.

*Diseases of the Circulatory System* was the leading identifiable disease category affecting seniors. In 1999, 67.7 percent of senior insureds (28,335 seniors) were treated for *Diseases of the Circulatory System*, up 2 percent from 27,762 seniors in 1998. Allowable

charges for *Diseases of the Circulatory System* totaled \$47.6 million for seniors in 1999, virtually unchanged from 1998. Senior women composed 62.4 percent of seniors treated in the category.

*Diseases of the Musculoskeletal System and Connective Tissue* was the second most identifiable diagnostic category in 1999 with 26,249 senior insureds with diagnoses in the category. These senior insureds had allowable charges of \$24.6 million in 1999, up 4.2 percent from \$23.6 million in 1998. Female seniors made up 71.0 percent of senior insureds treated for a disease in this category.

*Diseases of the Nervous System and Sense Organs* ranked third in 1999 with 25,946 senior insureds diagnosed in the category, a 2.8 percent increase from 25,243 seniors in 1998. Allowable charges for seniors treated for *Diseases of the*

## Senior Drugs

Continued from Page 4

### Drug Trend Outlook

Drug prices continue to rise throughout the nation. Since 1995, the SHP has seen overall drug costs soar 49.7 percent from \$84.3 million in 1997 to \$126.2 million in 1999. The average number of SHP prescriptions filled per insured rose from 8.7 in 1997 to 9.9 in 1999. And while this trend is not limited to seniors, the impact on them can be critical. Both the state and federal legislatures are dealing with this issue. As more drugs are introduced to the market and more insureds are utilizing prescription drugs for longer periods of time, costs will continue to rise. 🏠

*Nervous System and Sense Organs* rose only 0.8 percent from 1998 to \$13.3 million in 1999. Two out of three senior insureds treated in this category were female. 🏠

## 1999 SHP Top 10 Major Diagnostic Categories for Seniors

Major Diagnostic Categories (MDC)	# of Patients with Diagnosis	Covered Charges	% of Total Covered Charges
780-799 Symptoms, Signs and Ill-Defined Conditions	30,952	\$20,197,252	10.0%
390-459 Disease of the Circulatory System	28,335	\$47,568,709	23.5%
710-739 Disease of the Musculoskeletal System and Connective Tissue	26,249	\$24,553,037	12.2%
320-389 Disease of the Nervous System and Sense Organs	25,946	\$13,263,607	6.6%
460-519 Disease of the Respiratory System	24,200	\$14,800,312	7.3%
240-279 Endocrine, Nutritional & Metabolic Disease and Immunity Disorders	18,510	\$6,961,194	3.4%
580-629 Disease of the Genitourinary System	15,776	\$12,517,234	6.2%
680-709 Disease of the Skin and Subcutaneous Tissue	13,960	\$3,341,994	1.7%
140-239 Neoplasms	12,405	\$24,044,626	11.9%
520-579 Disease of the Digestive System	11,279	\$14,387,272	7.1%
<b>Total Top 10 MDCs</b>		<b>\$181,635,238</b>	<b>89.9%</b>
<b>Grand Total Senior MDCs</b>		<b>\$202,023,133</b>	<b>100.0%</b>



# 1999 State Health Plan Childhood Hospitalizations

The good health of our children gives us all something to smile about. However, when a child is hospitalized, it can be a trying time for any family. Advances in health care have reduced the need to hospitalize many children while the need still exists for others. According to the American Academy of Pediatrics, over three million children are hospitalized annually in the United States. With this in mind, we examined 1999 State Health Plan (SHP) hospital claims for dependent children ages 2 through 18 to identify the causes of inpatient stays.

A total of 1,097 children ages 2 through 18 covered under the SHP were hospitalized during 1999.

## DRG Analysis

In order to examine childhood hospitalizations, DRG

(Diagnostic Related Groupings) codes were utilized. A DRG is a classification group for patient diagnoses demonstrating similar resource consumption and length-of-stay patterns. The data showed that *DRG 430, Psychoses*, and *DRG 184, Esophagitis, Gastroenteritis and Misc. Digestive Disorders* were the two most likely diagnostic codes cited for childhood hospitalizations in 1999.

*DRG 430, Psychoses* made up 7.8 percent of annual childhood hospitalizations with 108 hospitalizations totaling about \$911 thousand in covered charges in 1999. These are severe mental disorders caused by physical or emotional sources.

*DRG 184, Esophagitis, Gastroenteritis and Misc. Digestive Disorders* also composed 7.5 percent of 1999 childhood

hospitalizations. The DRG's covered charges totaled \$258 thousand in 1999, down 28.8 percent from \$362 thousand in 1998. The number of children hospitalized for *Esophagitis, Gastroenteritis and Misc. Digestive Disorders* also declined 18.1 percent from 127 to 104.

The third most frequently coded DRG for childhood hospitalizations was *DRG 98, Bronchitis and Asthma Age 0-17*. In 1999, 94 hospitalizations (6.8 percent of childhood hospitalizations) were due to *Bronchitis and Asthma Age 0-17* with \$347 thousand in covered charges.

## Length of Stays

Most children would not hesitate to tell you that a shorter hospital stay is better than a longer one. In 1999, hospital-

See CHILDHOOD on Page 7

## 1999 Childhood Hospitalizations Top 15 DRGs

RANK	DRG	Description	Total Episodes	Covered Charges	Average Covered \$	Average Length of Stay
1	430	Psychoses	108	\$910,643	\$8,431.88	4
2	184	Esophagitis, Gastroenteritis, and Misc. Digestive Disorders Age 0-17	104	\$257,776	\$2,478.62	3
3	98	Bronchitis & Asthma Age 0-17	94	\$346,674	\$3,688.03	4
4	91	Simple Pneumonia & Pleurisy Age 0-17	79	\$414,747	\$5,249.97	3
5	298	Nutritional & Misc. Metabolic Disorders Age 0-17	70	\$207,772	\$2,968.16	3
6	431	Childhood Mental Disorders	42	\$248,937	\$5,927.08	2
7	426	Depressive Neuroses	39	\$171,036	\$4,385.53	3
8	167	Appendectomy without Complicated Principal Diagnosis without CC	34	\$259,486	\$7,631.93	4
9	26	Seizure & Headache Age 0-17	31	\$157,889	\$5,093.19	4
10	295	Diabetes Age 0-35	28	\$144,329	\$5,154.59	3
11	220	Lower Ext. & Humerus Proc. Except Hip, Foot, Femur Age 0-17	24	\$203,694	\$8,487.24	3
12	3	Craniotomy Age 0-17	23	\$717,680	\$31,203.48	2
13	422	Viral Illness & Fever of Unknown Origin Age 0-17	22	\$103,386	\$4,699.38	5
13	70	Otitis Media & URI Age 0-17	22	\$56,194	\$2,554.29	4
15	410	Chemotherapy	19	\$128,701	\$6,773.75	3
Total Top 15			739	\$4,328,945	\$5,857.84	3
Total Overall			1,383	\$12,878,168	\$156,352.35	3

## Childhood

Continued from Page 6

ized children had an average length of stay of 3.3 days. The length of stays varied depending upon the DRG. For instance, those hospitalized for *DRG 395, Red Blood Cell Disorders Age 0-17* had the longest average length of stay, averaging 47 days per hospitalization. Children hospitalized under *DRG 241, Connective Tissue Disorders without complications* averaged only 1 day in the hospital per admittance.

### Re-Hospitalization

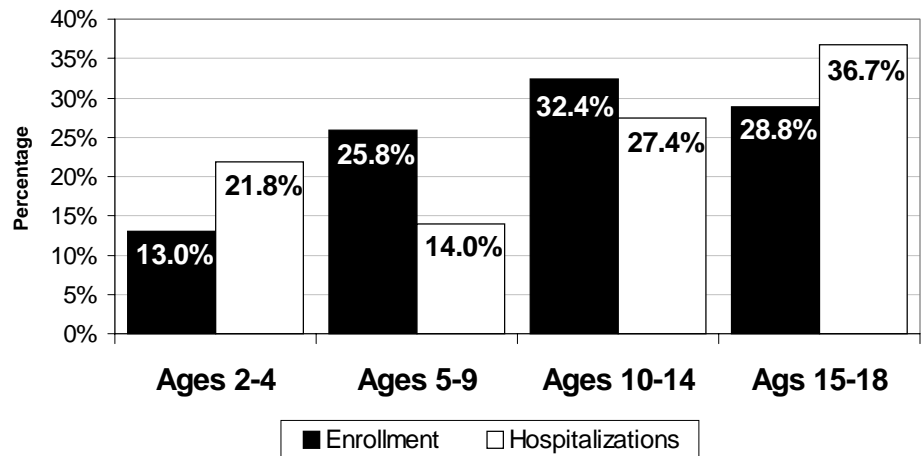
A total of 164 children, 14.9 percent of hospitalized children, were hospitalized more than once in 1999. The combined hospital charges for re-hospitalized children made up 43.6 percent of the total charges for all hospitalized children. The two most often cited DRGs for re-hospitalized children were

*DRG 430, Psychoses and DRG 98 Bronchitis and Asthma Age 0-17. DRG 431 Childhood Mental Disorders* was the third

### Conclusion

The need for hospitalization may arise during childhood.

### Percentage of 1999 Childhood Hospitalizations vs. Percentage of Enrollment by Age Group



Note: Enrollment based on June 1999.

most cited DRG among re-hospitalized children in 1999.

Children hospitalized multiple times also had a longer average length of stay per hospitalization (3.4 days per admittance) than those admitted only once (3.2 days per admittance) in 1999.

Reducing the need is a goal of both parents and the State Health Plan. Timely immunizations and regularly scheduled check-ups will assist in our efforts to combat illnesses and diseases affecting our children. 🏠

### Top 10 1999 Childhood Hospitalizations DRGs By Average Lengths of Stay

DRG	Description	Avg. Length of Stay
395	Red Blood Cell Disorders Age >17	47 Days
297	Nutritional /Misc. Metabolism Disorders Age>17 without Complication	40 Days
320	Kidney/Urinary Tract Infections Age>17 without Complication	37 Days
68	Otitis Media & URI Age >17 with Complication	25 Days
111	Major Cardiovascular Procedures without Complication	25 Days
436	A/D Dependence W/ Rehab Therapy	25 Days
182	Esoph/Gas/Misc Diges Dis Age>17 with Complication	21 Days
321	Kid/Urln Trct Infec Age>17 without Complication	21 Days
218	Lext/H Proc Ex Hip/Ft/Fm Age>17 with Complication	20 Days
253	Fx/Sp/St/Dsl Uarm/Llg Ex Ft >17 with Complication	18 Days

## Active Group Subscriber Enrollment On The Move

The Office of Insurance Services (OIS) provides several health insurance products to a variety of active entity groups. These entity groups are categorized as state agencies, school districts, local subdivisions, or others. Identifying enrollment trends in each entity group is key to identifying shifts in the subscriber composition of the State Health Plan (SHP) and other health options. The following analysis of these groups analyzes enrollment trends from 1996 to present.

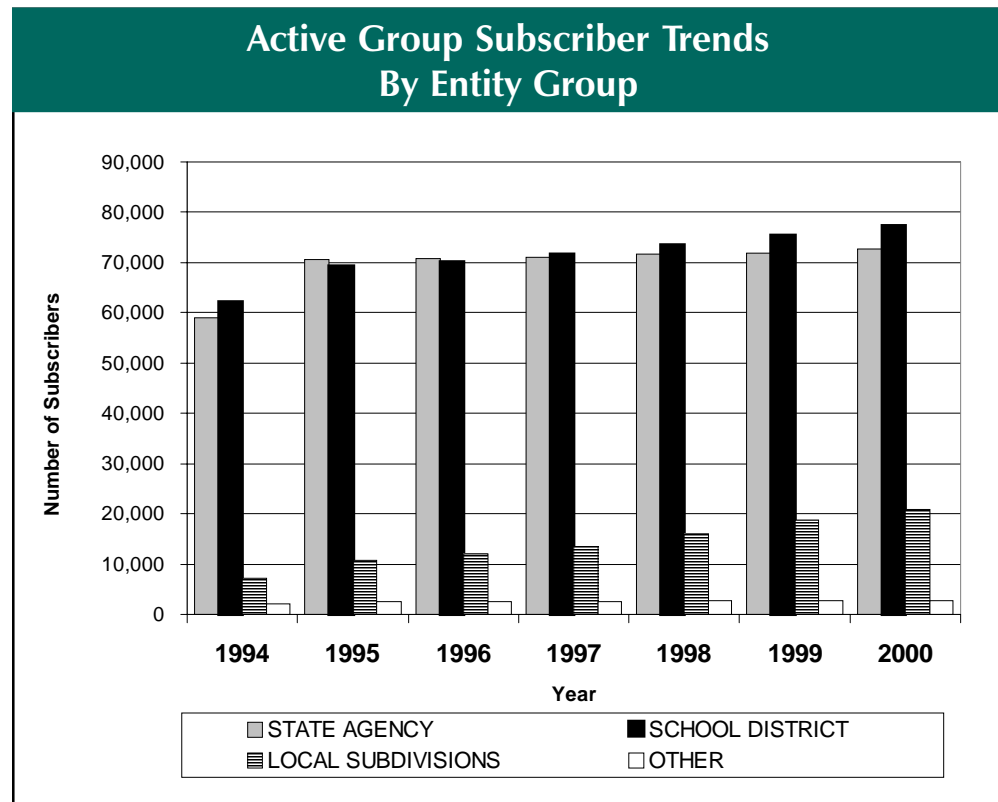
### State Agencies

State agency active subscriber enrollment rose 2.8 percent from 1996 to 2000. In 1996, 70,795 subscribers worked for a state agency. In 2000, the number of active subscribers working for a state agency had risen to 72,789. While OIS has seen growth in the numbers of state agency subscribers, that growth has been flat, averaging only 0.6 percent annually since 1996. In fact, the 1 percent increase in active state agency subscribers in 2000 is the highest in recent years.

With the flat growth in state agency subscriber enrollment, there have been minor shifts in the share of subscribers held by

other health options. In 1999, a new health plan option became

increased throughout the 90's. In 1996, an average of 70,247



available to actives at the Medical University of South Carolina, called the MUSC Options Plan. In the MUSC Options plan's first year, the plan's primary impact was felt on HMO subscriber enrollment at MUSC.

The SHP's share of active state agency subscribers rose from 78.6 percent in 1996 to 83.6 percent in 2000. The HMO share dropped from 21.4 percent in 1996 to 13.8 percent in 2000.

### School Districts

The number of active school district subscribers insured through OIS has continually

active school district subscribers were enrolled in health coverage through OIS. By 2000, that average had climbed 10.3 percent to 77,449 active subscribers.

The mid-90s brought consistent growth rates for active school district subscribers. Active school district subscriber growth has averaged 2.2 percent annually since 1996. From 1998 to present, school district active subscriber growth has averaged 2.6 percent annually.

Active school district subscribers were the least likely of

See GROUP on Page 9



## Group

Continued from Page 8

the active entity groups to choose an HMO option for coverage since the mid-90s. Since 1996, only an average 13.4 percent of active school district subscribers have chosen an HMO compared to 18.7 percent of active state agency subscribers and 25.6 percent of active local subdivision subscribers. In fact, the number choosing HMO coverage continues to decline. In 1996, 10,218 active school district subscribers enrolled in an HMO. By 2000, active school district subscriber HMO enrollment dropped 18.2 percent to 8,359.

### Local Subdivisions

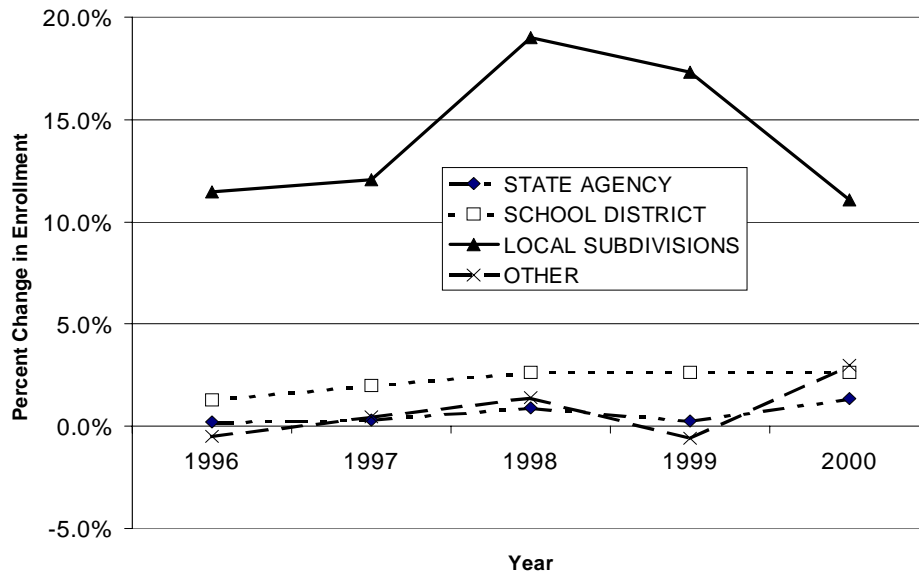
While local subdivisions ranked third in active subscriber enrollment, they were the only active entity grouping with double-digit percentage growth since 1996. This trend continues as more local subdivisions choose OIS for their insurance needs. The local subdivision active subscriber count has climbed an average 14.2 percent annually since 1996. In 1996, an average of 11,981 active local subdivision subscribers were enrolled. By 2000, the number of subscribers had reached an average of 20,823. The largest one-year climb since

1996 was observed in 1998, when the subscriber count grew 19 percent to 15,976 from 13,424 in 1997.

Local subdivision active subscribers were the most likely

has average only 2,652 subscribers since 1996. Since then, an average 83.4 percent of these subscribers have chosen the SHP. Each year, more of the group's subscribers choose

### Active Subscriber Percentage Growth Trends By Entity Group




group to choose an HMO option for health coverage. The HMO active subscriber share for this group has averaged 25.6 percent since 1996. This trend is shifting as the HMO share has declined from 28.5 percent in 1997 to 17.8 percent in 2000. The HMO share of active local subdivision subscribers dropped 6.7 percentage points from 1999 to 2000 alone.

### Others

Active subscribers not grouped as state agencies, school districts, or local subdivisions have made up an average of only 1.6 percent of active subscribers since 1996. This group's subscriber enrollment

the SHP for their coverage needs.

### Conclusion

OIS remains dedicated to providing the active subscribers of entity groups with valuable health plan options. As indicated in the data, more of these subscribers are choosing the SHP than HMO options. In fact, more subscribers that previously chose an HMO option are moving to the SHP as well. As the active subscriber base continues to grow, providing these active employees with coverage options remains a goal of OIS. 



### S.C. Budget and Control Board

#### Office of Insurance Services

Jim Hodges, Chairman  
Governor

Grady L. Patterson, Jr.  
State Treasurer

James A. Lander  
Comptroller General

John Drummond  
Chairman, Senate Finance  
Committee

Robert W. Harrell, Jr.  
Chairman, House Ways  
& Means Committee

Rick Kelly  
Executive Director

James E. Bennett, CPCU  
Director, Office of Insurance Services

*TRENDS* is published quarterly  
by the State Budget and Control Board,  
Office of Insurance Services,  
P.O. Box 11661, Columbia, SC 29211.

#### *TRENDS* Staff

Patrick A. Harvin, Editor

Estela L. Long, Ph.D.

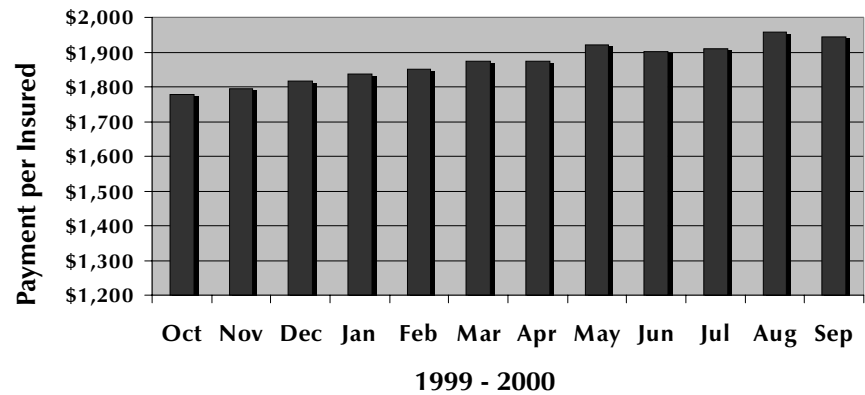
Dewey King

Rob Tester

## Past Trends

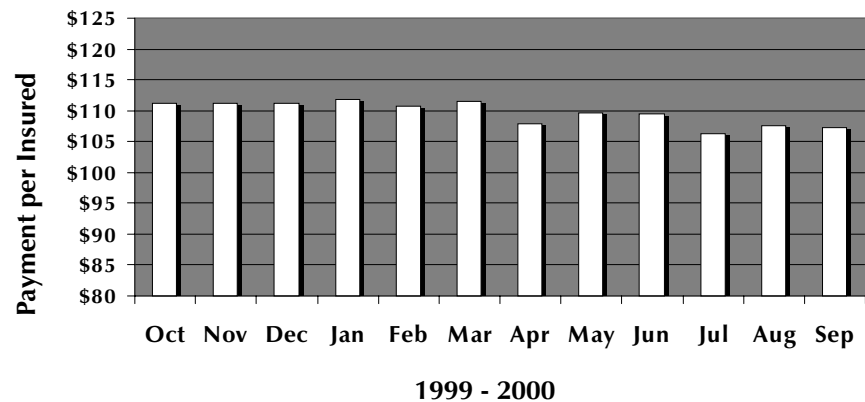
### Medical Payments in Prior Year Ending in Month Listed

*For example, the September total equals payments made October 1999 - September 2000.*



### Dental Payments in Prior Year Ending in Month Listed

*For example, the September total equals payments made October 1999 - September 2000.*



Office of Insurance Services  
State Budget and Control Board  
Post Office Box 11661  
Columbia, South Carolina 29211

ADDRESS CORRECTION REQUESTED